

**Iowa Osteopathic Forgivable Loan Program  
RESIDENT/INTERN CERTIFICATION – DEFERMENT FORM**

**Certification Year: 2008-09, 2009-10 (Circle one.)  
You must complete one form for each period of deferment.**

**To defer repayment of your Iowa Osteopathic Forgivable Loans, you must complete a Deferment Form for each year of residency.**

**Part I: To be Completed by the Resident/Intern**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date you expect to return to Iowa to practice medicine: \_\_\_\_\_ (mo/yr)

**PART II -- To Be Completed by Certifying Official**

I certify that the above named resident/intern is occupying a full-time residency/internship position at this medical facility during the following time period:

Start Date of Residency \_\_\_\_\_

Expected Completion Date of Residency \_\_\_\_\_

Printed Name of Certifying Official \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Facility Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return this completed certification form to:  
Osteopathic Forgivable Loan Program  
Iowa College Student Aid Commission  
200 Tenth Street, Fourth Floor  
Des Moines, IA 50309-3609  
1-877-272-4456